



www.dhs.ca.gov/mcs/cpltc
Phone: (916) 552-8990 ♦ Fax: (916) 552-8989

Database Entry Form

Date: _____

☐ please **ADD**

☐ please **UPDATE**

☐ please **DELETE**

Name: _____
First Last

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Email: _____

Agents/Brokers

Please check those which apply:

☐ Agent

☐ Broker

If any of the boxes above are checked we request the following additional information.

LTC Authorized?

☐ Yes ☐ No ☐ Unknown

Partnership Authorized?

☐ Yes ☐ No ☐ Unknown

Agent License # (**required**):

Non Agents/Brokers

☐ CMPA/Claims

☐ Other State Gvt

☐ AAA/HICAP

☐ Other State PLTC

☐ CA State Gvt

☐ IUDSS

☐ CA County Gvt

☐ Provider

☐ CA City Gvt

☐ Non-Profit Org.

☐ Consultant

☐ Trainer

☐ Consumer Group

☐ Endorser

☐ Insurer

☐ Researcher

☐ Legislator

☐ Other, Please Specify:

☐ Media

Agent Partnership Company: (check all that apply)

Bankers ☐

GE ☐

John Hancock ☐

NYLife ☐

Partnership CE Training Provided By: _____ Date Partnership Training Completed: _____

☐ Sandi Kruse Insurance Training

☐ Miley Education & Insurance

☐ Senior Insurance Training Services, Tom Orr